

**MIAMI-DADE COUNTY
BUILDING DEPARTMENT**

11805 S.W. 26th Street (Coral Way), Miami, Florida 33175

www.co.miami-dade.fl.us/bldg/

(786) 315-2100

ROOFING INSPECTION REPORT
(Permits issued prior to June 1st 1995)

Roofing Permit No. _____

Name of original

Roofing Contractor: _____

Qualifier: _____

Property address: _____

Property owner(s): _____

Inspection date: _____

Type of Roofing system(s): _____

I have inspected the roof cover of the building located at the above referenced address and the following was noted (check one):

1. The roof covering is in satisfactory condition with no evidence of leaks. ☐ _____
(Inspector's Initial)

2. Deficiencies requiring correction. ☐ _____
(Inspector's Initials)

(List all deficiencies and describe extent of damage and required corrective measures)

I certify that I have no ownership, financial or business interest in the property, which is the subject of this inspection report. Also, I certify that I do not have a contract purchase offer on the property. Further, I certify that I am not related by blood or consanguinity to the owner or any individual employed by the above named contractor and have had no past or present financial or business dealings with the owner or roofing contractor. Finally, I certify that I have never been an employee or unpaid consultant of the owner or above named roofing contractor.

Signature: _____ Name of Company _____

License No.: _____ *Notary required for Roofing Qualifier or raised seal for Arch. or P.E.*

Sworn to and subscribed before me this on

Day of _____, 20____.

Signature of Notary

By _____

PRINT NAME _____

(SEAL) _____

Personally known _____

Or produced Identification _____

Type of Identification Produced _____